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FM AMCONSUL CALCUTTA
TO RUEHC/SECSTATE WASHDC PRIORITY 1183
INFO RUEHNE/AMEMBASSY NEW DELHI PRIORITY 1055
RUEHCG/AMCONSUL CHENNAI 0416
RUEHBI/AMCONSUL MUMBAI 0416
RUEHKA/AMEMBASSY DHAKA 0252
RUEHKT/AMEMBASSY KATHMANDU 0252
RUEHGO/AMEMBASSY RANGOON 0173
RUEHIL/AMEMBASSY ISLAMABAD 0195
RUEHLM/AMEMBASSY COLOMBO 0089
RUEHBUL/AMEMBASSY KABUL 0028
RUEHPH/CDC CDC ATLANTA GA PRIORITY
RUEAUSA/DEPT OF HHS WASHINGTON DC
RHEHAAA/NSC WASHINGTON DC
RUEAIIA/CIA WASHINGTON DC
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SUBJECT: POVERTY IN THE EAST INDIAN STATE OF BIHAR FOSTERS INFECTIOUS DISEASE

REF: CALCUTTA 00137

¶1. SUMMARY: September 6-7, ConGen visited the East Indian state of Bihar to assess its public health issues. Bihar, India's poorest state, presently has 19 polio infections this year, second only to its neighbor Uttar Pradesh (UP), which has 291 cases as of September 25. Local officials with the United Nations Children's Fund (UNICEF) office and an NGO working in public health believed that the recently-elected state government was making a strong effort to control the polio infections in Bihar. However, many years of bad governance and a weak public health infrastructure complicate efforts to reach remote rural areas. As a result, the state also experiences high rates of child mortality: approximately 400 children die every day in the state, 60 percent just in the first month after birth. In addition, UNICEF officials described the state as a "black hole" for accurate information on HIV/AIDS infection among its sizable migrant population. If the persistence of polio in the region is an indicator, the local medical infrastructure will likely be unable to deal with other emergent infectious diseases such as the growing HIV/AIDS infections, and opportunistic diseases like tuberculosis. END SUMMARY.

¶2. Bihar suffers from great poverty. According to World Bank figures, 47 percent of its 83 million people earn less than USD 12 a month. The state struggles to provide rudimentary health care services and experiences a range of serious public health problems. As of September 25, Bihar has had 19 new polio infections, which is a relative improvement over last year's infection numbers. During the same period the previous year, Bihar had 30 cases. However, India as a whole has seen an explosion of polio, with presently 326 new cases, as compared to last year's country-wide total of just 66 cases. UNICEF State Representative Bijaya Rajbhandari commented that the improvement in this year's infection rates for Bihar can be attributed to greater effort by state Chief Minister Nitish Kumar, who was recently elected in November 2005. Kumar has pressured health officials to implement more effectively the pulse polio immunization. Kumar's first official public activity was in fact a pulse polio immunization program and numerous billboards around the state capital Patna showed Kumar giving oral polio

vaccine to a child held by a woman in a burqa. The billboards' display of a Muslim woman and child demonstrated the state's focus on the Muslim community, which has been resistant to immunization. Rumors had spread among the community that the immunization was an effort to sterilize or poison Muslim children. Rajbhandari said that as part of the Muslim outreach, Imams accompanied immunization teams to explain the importance of the polio vaccine. Echoing UNICEF's comments, American Warden and NGO director Rick Fendrick said that in the Bodh Gaya regional hospital, more medical equipment and staff recently has become available and medical service was improving. However, the marginal improvements in Bihar's public health system cannot correct years of poor governance and weak medical infrastructure.

¶3. In addition to polio, according to Rajbhandari, Bihar is a "black hole" for statistics on HIV/AIDS infections. The lack of an effective sentinel program in the state means that UNICEF and other medical services do not have a clear sense of the infection rates. Rajbhandari noted that the National Aids Control Organization (NACO)'s sentinel program involves testing of pregnant women. However, only about 12 percent of pregnant women in Bihar receive professional medical care. Most women give birth in remote villages and experience high child mortality rates. Until last year, NACO reported a prevalence rate of .13 percent for HIV/AIDS infections in the state. However, two studies of surveys done by the Bihar State Aids Control Society (BSACS) in 38 districts in July 2005 and December 2005 found a dramatically increased prevalence rate of .53 percent. Bihar has reportedly 8,128 people diagnosed HIV positive and about 1,070 cases of AIDS. Earlier this year, A senior BSCAS official was quoted by the Times News Network as saying, "The rate at which infection is spreading, very soon, it may cross the 1 percent prevalence rate." (REFTEL).

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¶4. Some districts have reported infection rates that significantly exceed epidemic levels: Sitamarhi and East Champaran have rates of 3.7 percent and 2.28 percent respectively. In March 2006, Health Minister Rai told ConGen that the infections are concentrated in areas that are a source of migrant labor for the rest of India. According to the Institute of Human Development, New Delhi's report "Rural Labor Migration From Bihar," 48 percent of all Bihar households reported at least one family member who was a short-term migrant. Bihar appears to be developing into a reservoir and potential source of future HIV/AIDS infections for India, just as it has for polio.

¶5. Rick Fendrick, commenting on the HIV/AIDS situation in Bihar's Bodh Gaya area, said that he was personally aware of eight cases in that district. He knew of one case in which an infected HIV/AIDS patient went to several doctors and facilities in Bihar with symptoms of related, opportunistic diseases and no doctor considered testing for HIV/AIDS. It was only when the patient was in New Delhi that a test was done. Fendrick said that the failure to test in Bihar reflected the continued lack of even basic awareness about HIV/AIDS among medical personnel in the state and that they were unable to recognize symptoms of typical opportunistic diseases associated with HIV/AIDS. He also noted that due to the relative high cost, Bihar authorities were unable to provide therapies for drug-resistant HIV/AIDS cases. Fendrick said he believed that drug resistant cases were present in Bihar and he mentioned the case of one woman with HIV/AIDS who was initially responsive to the anti-retroviral drugs but then saw a rapid reduction in her white blood cells. He also identified drug resistant tuberculosis as another concern.

¶6. Comment: The persistent and growing problem of polio in

Uttar Pradesh, Bihar and neighboring states is symptomatic of the poor governance and weak medical infrastructure in much of Eastern India. The failure to address this disease does not bode well for the prospect of controlling other infectious diseases such as HIV/AIDS and tuberculosis in the region. Already, epidemic levels of HIV/AIDS have developed in some pockets in Bihar and because of the poor sentinel system in the region, it is impossible to assess the full extent of the HIV/AIDS infections.

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